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DRAFT

MEMORANDUM

Bureau of Managed Health Care Programs Data Request - MEDS DIRECTIVE

MEDS DIRECTIVE #:

DATE: July 23, 2004

TO: Mark Gajewski, Executive Program Director
                 EDS

FROM: Peggy B. Handrich, Associate Administrator
                 Division of Health Care Financing

SUBJECT: **Data for SFY 2001, 2002 and 2003 SSI FFS Population**

This memorandum directs EDS to produce and deliver eligibility and paid claims data and analysis to support development of SSI Managed Care expansion.

Purpose: The requested data will be used to calculate rates for managed care programs enrolling persons in the SSI and SSI-related medical status codes. The Department will also share the data with potential contractors to describe the populations targeted for enrollment.

Delivery Date: August 27, 2004

Requestor: The requestor is David Beckfield. Any questions regarding this directive should be directed to him at 266-3802.

Director: Angie Dombrowicki, Bureau of Managed Health Care Programs

cc: Dave Beckfield   Erik Goetz   Bruce Christiansen   Jackie Ferris
     Angelo Castillo   Mike Fox   Don Libby

Specifications

I) ELIGIBLE RECIPIENTS

Include Medicaid eligible SSI recipients for all counties in the State of Wisconsin. Any recipients who were enrolled in the following medical status codes during state fiscal years 2001, 2002 or 2003 should be included: 01, 04, 05, 10, 11, 14, 15, 19, 20, 21, 22, 23, 5C, 5D, AD, BD, DC, DD, L1, L3, L5, L7, M3, M4, M5, M6, W2, W3, W4, W5, W6, WA, WB, WW, ZZ.

County Designation
For the purpose of grouping SSI individuals into counties, use the Recipient Analysis Universe Object called "County" (certifying agencies mapped into a county, where possible) for all SSI eligible recipients.

Eligible Months
Obtain the number of months eligible for each SSI eligible recipient for each fiscal year.

Medical Status Group
For the purpose of grouping SSI individuals based on medical status codes, the following crosswalk should be used:
SSI: 21
SSI-Related: 01,04,05,10,11,14,15,19,20,22,23,5C,5D,AD,BD,DC,DD,L1,L3,L5,L7,ZZ
MAPP: M3, M4, M5, M6
Waiver: W2, W3, W4, W5, W6, WA, WB, WW

II) MORBIDITY DATA: CDPS OUTPUT

Obtain CDPS diagnosis-grouper output fields for all SSI eligible recipients based on first two diagnoses from all claims or encounters with dates of service in the fiscal year. This should be done for each fiscal year separately. Prospective and Concurrent Relative Values should be constructed from the CDPS Version 2.0 Default Weights.

III) CLAIMS DATA

Collect paid FFS claims information for SSI eligible recipients for each SFY. Include only those time periods when not enrolled in a managed care program.

Category of Service Grouping
Aggregate the amounts paid by MARS COS groupings.

Medicare Designation
Use the claim record to obtain the Recipient Medicare Code. Create a field to distinguish claims paid during periods of any Medicare coverage from those without.

CCS Diagnosis Group
Use the CCS Diagnosis grouper to aggregate the amounts paid.

Age Groups
Use age at date of service to group into (a) less than 3 years (b) 3 to 17 years(c) 18 to 29 years (d) 30 to 39 years (e) 40 to 64 years (f) 65 years and older

Produce three files for each SFY. One file will contain the eligibility information, the second will include paid FFS claims information and the third will contain CDPS results

Eligibility File	**Claims File**	**CDPS File**
Proxy Recipient ID	Proxy Recipient ID	Proxy Recipient ID
Gender	Medicare Indicator	CDPS Diagnosis Group indicators
Age Group	Age Group	Concurrent CDPS Relative Value Index
County	MARS State COS Code	Prospective CDPS Relative Value Index
Medical Status Group	CCS Diagnosis Group	Eligible Months (All)
Eligible Months (Enrollable)	Sum of Amount Paid	
Medicare Indicator		
HMO Code or HMO Exemption Code		

The eligibility and claims files should also separately identify eligible months and related paid claims information by recipient for periods when the individual meets the definition of being

    (a) ventilator dependent If((([DRG Code] In ('0474','0475','0482','0483')) And (Left([detail 1st diagnosis code],4)<>'7805') And (Left([detail 2nd diagnosis code],4)<>'7805'),1,0) or

    (b) AIDS/HIV positive (dates of service post diagnosis, defined as earliest claim (since 1995) where ((Left([Diagnosis Code 1],3)='042') Or (Left([Diagnosis Code 2],3)='042') Or ([hic3] In ('W5C','W5I','W5J','W5K','W5N')),1,0) or

    (c) receiving Home and Community Based waiver services (Sum of monthly gross cost in HSRS waiver month > $10) or

    (d) receiving Community Support /TCM Program services If([MARS State COS Financial Detail] In ('44','88'),1,0)

    (e) institutionalized in IMD/ICF If([performing provider type] In ('64','79'),1,0).

In addition to the above information, a provider file, a provider-to-recipient cross-walk file, and a Pharmaceutical utilization file are requested. The provider file should contain provider identification fields. The provider/recipient file should contain the count of claims and sum of expenditures for non-institutional, non-drug services provided to the same SSI eligible recipients defined above for the same years.. The files should contain:

Provider File
Provider ID
Provider Name and Address
Provider Type
Provider Specialty
Provider County
Provider in Marshfield Clinic 18-County Area

Provider-Recipient Cross-Walk File
Performing Provider ID
Billing Provider ID
Recipient Proxy ID
Sum of Amount Paid
Count of Paid Claims

The pharmaceutical utilization file should be for the three fiscal years and include the following fields:
State Fiscal Year
Proxy Recipient ID
Age Group
Gender
Medical Status Group
Therapeutic Drug Class (code and description)
Number of claims
Total Amount Paid
Days Supply